

04-02-01

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Please type a plus sign (+) inside this box ☒ Approved for use through 10/31/2002 OMB 0651-0032  
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No. <b>MGH-004BUS</b>	
	First Inventor <b>Lino R. Beccerra</b>	
	Title	Method and Apparatus for Objectively Measuring
	Express Mail Label No.	EF380711345US

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <b>121</b> ] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>41</b> ] 5. Oath or Declaration <b>Unsigned</b> [Total Pages <b>4</b> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 17 completed)</i> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies

<b>ACCOMPANYING APPLICATION PARTS</b>	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
11. <input type="checkbox"/> English Translation Document (if applicable)	
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/> Preliminary Amendment	
14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input checked="" type="checkbox"/> Other: <b>Return Post Card</b>	

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No.: **09,729,665**  
 Prior application information: Examiner: \_\_\_\_\_ Group / Art Unit: **2862**

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>18. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<b>022494</b> <i>(Insert Customer No. or Attach bar code label here)</i>		or <input type="checkbox"/> Correspondence address below	
Name	<b>Barry Gaiman</b>				
Address	<b>Daly, Crowley &amp; Mofford, LLP</b> <b>275 Turnpike Street, Suite 101</b>				
City	<b>Canton</b>	State	<b>MA</b>	Zip Code	<b>02021-2310</b>
Country	<b>US</b>	Telephone	<b>781.401.9988 ext. 22</b>	Fax	<b>781-401-9966</b>

Name (Print/Type)	<b>Barry Gaiman</b>	Registration No. (Attorney/Agent)	<b>42,562</b>
Signature	<i>Barry Gaiman</i>	Date	<b>3/30/01</b>

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**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT (\$)** **912****Complete if Known**

Application Number	Not yet assigned
Filing Date	Herewith
First Named Inventor	Lino Becerra
Examiner Name	Not yet assigned
Group Art Unit	Not yet assigned
Attorney Docket No.	MGH-004BUS

**METHOD OF PAYMENT**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit  
Account  
Number

50-0845

Deposit  
Account  
Name

Daly, Crowley &amp; Mofford, LLP

- ☒
- Charge Any Additional Fee Required
- 
- Under 37 CFR 1.16 and 1.17

- ☒
- Applicant claims small entity status
- 
- See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:

☒ Check ☐ Credit card ☐ Money  
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$)	Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility filing fee	710
106 320	206 160	Design filing fee	
107 490	207 245	Plant filing fee	
108 710	208 355	Reissue filing fee	
114 150	214 75	Provisional filing fee	

**SUBTOTAL (1) (\$)** **710****2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
38	-20** = 18	X 9 =	162
4	-3** = 1	X 40 =	40
Multiple Dependent			

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$)	Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 80	202 40	Independent claims in excess of 3
104 270	204 135	Multiple dependent claim, if not paid
109 80	209 40	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$)** **202**

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$)	Code (\$)	Code (\$)	Code (\$)	Fee Description	Fee Paid
105 130	205 65			Surcharge - late filing fee or oath	
127 50	227 25			Surcharge - late provisional filing fee or cover sheet	
139 130	139 130			Non-English specification	
147 2,520	147 2,520			For filing a request for ex parte reexamination	
112 920*	112 920*			Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*			Requesting publication of SIR after Examiner action	
115 110	215 55			Extension for reply within first month	
116 390	216 195			Extension for reply within second month	
117 890	217 445			Extension for reply within third month	
118 1,390	218 695			Extension for reply within fourth month	
128 1,890	228 945			Extension for reply within fifth month	
119 310	219 155			Notice of Appeal	
120 310	220 155			Filing a brief in support of an appeal	
121 270	221 135			Request for oral hearing	
138 1,510	138 1,510			Petition to institute a public use proceeding	
140 110	240 55			Petition to revive - unavoidable	
141 1,240	241 620			Petition to revive - unintentional	
142 1,240	242 620			Utility issue fee (or reissue)	
143 440	243 220			Design issue fee	
144 600	244 300			Plant issue fee	
122 130	122 130			Petitions to the Commissioner	
123 50	123 50			Petitions related to provisional applications	
126 240	126 240			Submission of Information Disclosure Stmt	
581 40	581 40			Recording each patent assignment per property (times number of properties)	
146 710	246 355			Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710	249 355			For each additional invention to be examined (37 CFR § 1.129(b))	
179 710	279 355			Request for Continued Examination (RCE)	
169 900	169 900			Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$)** **0****SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Barry Gaiman	Registration No. (Attorney/Agent)	42,562	Telephone	781.401.9988 ext. 22
Signature	<i>Barry Gaiman</i>	Date	3/30/01		

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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